

Express Mail Label No. EL 823671859 US

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: ANTIINFLAMMATION AGENTS
Attorney Docket Number:: 018781-005710US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michelle
Middle Name:: F.
Family Name:: Browner
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 15 Christopher Drive
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Clark
Name Suffix::
City of Residence:: Albany
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 812 Adams Street, Apt. 1
City of Mailing Address:: Albany
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94706

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Timothy
Middle Name:: D.
Family Name:: Cushing
Name Suffix::
City of Residence:: Pacifica
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1064 Glacier Avenue
City of Mailing Address:: Pacifica
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Xiaolin
Middle Name::
Family Name:: Hao
Name Suffix::
City of Residence:: So. San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 855 Commerical Avenue, Apt. #4
City of Mailing Address:: So. San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94080

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: C.
Family Name:: Hawley
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 500 Chiquita Avenue, #18
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: Xiao
Middle Name::
Family Name:: He
Name Suffix::
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 732 Marlin Avenue, Apt. #2
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Juan
Middle Name:: C.
Family Name:: Jaen
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 154 Los Robles Drive
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sharada
Middle Name:: S.
Family Name:: Labadie
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1618 Kamsack Drive
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: Marie-Louise
Middle Name::
Family Name:: Smith
Name Suffix::
City of Residence:: Half Moon Bay
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2037 Touraine Lane
City of Mailing Address:: Half Moon Bay
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MEXICO
Status:: Full Capacity
Given Name:: Francisco
Middle Name:: X.
Family Name:: Talamas
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1658 Tulane Drive
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED KINGDOM
Status::	Full Capacity
Given Name::	Nigel
Middle Name::	P.C.
Family Name::	Walker
Name Suffix::	
City of Residence::	Burlingame
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	20 Howland Hill Lane
City of Mailing Address::	Burlingame
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94010

Correspondence Information

Correspondence Customer Number::	20350
----------------------------------	-------

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	37,330	Eugenia Garrett- Wackowski
Associate	37,369	William B. Kezer

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Claims benefit of	Provisional	60/243,582	10/26/00

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Syntex (U.S.A.) LLC

Street of mailing address::

3401 Hillview Avenue

City of mailing address::

Palo Alto

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

94303

Assignee Information

Assignee Name::

Tularik Inc.

Street of mailing address::

Two Corporate Drive

City of mailing address::

So. San Francisco

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

94080